

**National
Institute
for the Study,
Prevention and
Treatment of
Sexual Trauma**

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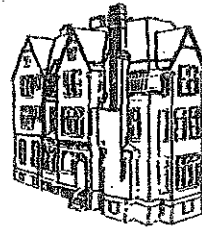
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GARY MULLIS

July 20, 1993

initial EVAL



**IDENTIFYING
INFORMATION &
CHIEF COMPLAINT:**

The patient is a 41 year old separated white male who was referred for evaluation today, July 20th, 1993 by his attorney. Mr. Mullis is accused of sexually molesting his five year old adopted son over a seven month period of time. These accusations involve genital touching and fellatio on the child. Mr. Mullis was indicted on these charges and is currently awaiting a court date. He and his wife have separated, but he has been granted temporary supervised visitations with his son.

INFORMANTS:

that accompany him.

The informants are the patient himself and the legal records

FAMILY HISTORY:

Father: The patient's father is currently 70 years of age. He has diabetes that is controlled with medications and diet. The patient's father also has circulatory problems as the result of an injury years ago. The patient's father has a high school education and was employed as a steel worker for 35 years. He is currently retired. The patient described his father as "laid back". He said he is an individual who does not want to hurt anyone. He said that he and his father get along well. They are closer now than when he was younger, but he has always been closer to his father than to his mother. When he was a child, Mr. Mullis was disciplined by his mother, but not by his father. This discipline included some spankings, but generally was reprimanding or grounding.

Mother: The patient's mother is currently between 63 and 64 years of age. She lives in North Carolina and Mr. Mullis has not talked with her since 1988. His parents were divorced when he was 14 years of

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age and after that he lived with his father. He recalled that his parents fought much of the time. Immediately after the divorce, the patient's mother moved to Essex, Maryland and then to North Carolina. Mr. Mullis made a choice to stay with his father. He knows very little about his mother's education. He said that she had always been a housewife and has been married several times since the divorce between she and his father.

He described his mother as "an unusual person." He said that she is aggressive and rambunctious. He said that she does exactly what she wants to do, does not care if she hurts anyone and leads a very independent lifestyle. He said that he and his mother are not close and have never been. As a child he saw her every few years and continued to do so until 1988, when he made a decision not to have anything to do with her. This was because of some difficulties over an adoption that Mr. and Mrs. Mullis made of his sister's son.

Siblings: The patient had one sister who was 4 to 5 years older than he. She died in 1989. The patient said that his sister was quite obese, weighing probably 400 pounds and she took many medications. He said that the circumstances surrounding her death are unclear. She died when she was 40 and was found dead at her home. Mr. Mullis said that while growing up he and his sister were not very close, and that he had lost communication with her. He said that his mother would tell him that his sister was promiscuous and not someone with whom he would want to have a relationship. The patient said that he had believed this and had stayed away from her. She had one son who, subsequent to her death, was adopted by Mr. and Mrs. Mullis.

FAMILY HEALTH HISTORY:

The family health history is positive for diabetes in the paternal grandmother and the father. The patient denied that there is any evidence of heart disease, cancer, hypertension within the family and stated that all of his grandparents died as the result of "old age". He denied any neurological, psychiatric or substance abuse problems within the family.

SOCIAL POSITION & HOME ATMOSPHERE:

The patient said that he was the product of a middle class family. He lived for several years in Essex, then moved to Dundalk, Maryland, when he was six years old. He remained in Dundalk with his father until his own marriage at the age of 31. Until the age of 14, the patient lived with his father, sister and mother. After his parents divorced when he was 14 years old, he lived with his father and sister. His sister then left when she was 18, moving into her own place in North Carolina.

PERSONAL HISTORY:

Mr. Mullis was born on [REDACTED] in North Carolina. He said that both of his parents were from that State. He denied knowing any details about his mother's pregnancy or his subsequent birth. However,

he believes that he was healthy and that there were no medical problems. He also believes that he attained normal developmental milestones. He denied any history of enuresis, speech problems, phobias, or seizures. He said he had the usual childhood diseases and recalled having some ear infections and a strep throat on one occasion. He said that he was never hospitalized as a child. He did break his arm when he was between 12 to 14 years of age. Growing up, he lived in a neighborhood where there were other children with whom to play. He said that his interactions outside of his home were quite good and he was involved in the usual childhood activities such as ball playing and bike riding. He felt happy in these activities, but said there was a great deal of tension within his home.

EDUCATIONAL HISTORY: The patient began school at the age of six. He graduated from high school when he was 17 years old. He said that he got satisfactory grades, but without doing very much work. He got along well with his teachers and had many friends in school. He said that he was quite accepted, though he was not active in school activities nor in sports. He said he was communications oriented and involved in audio-visuals while in school.

OCCUPATIONAL HISTORY: The patient obtained his first jobs after graduating from high school. He said that until 1976 he moved from job to job. He had jobs such as working in burger restaurants or where ever he could find employment. In 1976 he got his first job as the head of a security department at Bon Secours Hospital, and stayed there for four years. He then went with the Baltimore City police department as a dispatcher and stayed with them for nine years. For the past four years he has worked for the Belair Police Department as a dispatcher. He was asked to resign in June as a result of the recent charges and was told that if he did not resign he would be fired. He said he had always enjoyed this type of work.

LIVING SITUATIONS: The patient lived with his father until he was 31 years of age at which time he married. He then lived with his wife and subsequently with his adopted son, as well. Since June, Mr. Mullis has lived once again with his father.

SEXUAL INCLINATIONS AND PRACTICE: The patient reported that he learned about sexuality from his peers in high school. He denied ever having had sex education and said that neither of his parents talked about sex. He believes his mother to be very judgmental and not someone he could approach. His father was far more approachable, but Mr. Mullis denied that he ever talked with him about sex. He began masturbating at the age of 13, doing so on a once a week basis. He stated that he felt no guilt about masturbation. He said that initially he did not know anything about it, but thought that

perhaps it was normal. He currently admitted to masturbating about one to two times per day.

Mr. Mullis said that he did not remember any early childhood sexual experiences. In the first grade he began to notice that he had an interest in girls and acquired a childhood sweetheart with whom he was close throughout high school. When he was 13 years old he had his first kissing experience, but does not recall any heavy petting until after high school. He said that he had difficulty getting involved with women and dated rarely during high school or afterward. He said that he has had three sexual partners including his wife, and that he had no long term relationships before meeting his wife. He could not remember when his first sexual intercourse experience was, but believed it to be while in his twenties. When he was somewhere between the ages of 12 and 14, he recalled that he and another same age boy masturbated together. This happened on one occasion. He denied any sexual experiences with adults while he was a child or adolescent, stating that he was attracted to women in their twenties to thirties. He said that he has no interest in young girls, men or young boys.

MARITAL HISTORY:

The patient married his current wife, Ann, when he was 31 years old and she was 28. His wife has an Associates degree in nursing and currently works at Franklin Square Hospital. The patient said that he and his wife met through a mutual friend on a blind date. They dated for less than a year and then were married. He said that they got along quite well and had a good sexual relationship for a period of time. They developed problems with infertility and were unable to conceive a child. At one point Ann miscarried a pregnancy. The couple sought treatment at an infertility clinic and learned that one of Ann's tubes was blocked and it would be very difficult for her to conceive.

Subsequent to that diagnosis, the patient stated that his wife became less interested in sex, felt that there was no need to be sexual anymore, since reproduction was not a possibility. He said that since that time they have had infrequent sexual relations. He has found this to be very disturbing. He feels that he is unable to stimulate his wife and feels very badly about it. However, Mr. Mullis said that other aspects of their relationship remained positive until the recent difficulties.

CHILDREN:

The couple have an adopted son, Travis, who is currently six years old. Travis is a natural son of Mr. Mullis's sister who died in 1989. Mr. and Mrs. Mullis adopted Travis when he was 10-1/2 months old. Travis is currently in the second grade and Mr. Mullis reports that he does well in school and seems to be well adjusted. Mr. Mullis admits to having a good relationship with his son. This is the son with whom Mr. Mullis was sexual.

HABITS: The patient began smoking cigarettes at the age of 18 and currently smokes approximately two packs of cigarettes per day. He said that he drinks alcohol approximately one time per year on a social basis, and denied that he ever became more involved in drinking, stating that he has never been much interested in this pursuit. He denied the use of any street drugs.

RELIGIOUS AFFILIATION AND INTEREST: The patient said that his parents were Protestant, although he was not raised in any particular church. His family did attend a Baptist church for a period of time. He currently attends the Eastern Assemblies on a regular basis.

PREMORBID PERSONALITY: The patient said that he has a few friends at the current time, but that most deserted him after learning about the sexual abuse. Previously, he had colleagues at work with whom he got along, but was not social. He and his wife had made friends with neighbors and others. Currently Mr. Mullis has two male friends with whom he talks and who are aware of what is going on in his life. As previously noted, Mr. Mullis has no current relationship with his mother, but said that his father is quite supportive of him. The patient's interests include communications. He is an amateur radio operator. The patient described himself as a person who is outgoing and will talk with anyone.

He said that he has always worried, but currently this tension has exacerbated. He said throughout his life he has had a normal amount of depression, but is much more severely depressed at the current time. He said that prior to the disclosure of sexual abuse he had met his goals. He enjoyed the work that he did and was happy with his marriage and his son. He currently feels uninterested in making goals for the future.

MEDICAL HISTORY: The patient said that he had a previous history of hypertension which was treated with medications. He has since stopped taking those medications and claims that he is no longer hypertensive.

PREVIOUS PSYCHIATRIC HISTORY: There is no previous psychiatric history.

LEGAL HISTORY: Mr. Mullis has no prior legal history. He was arrested for shoplifting as a juvenile. He was arrested in June of 1993 on charges of child molestation. He was indicted on these charges last week and will face a court hearing at some unknown date.

HISTORY OF PRESENT ILLNESS: The patient has been accused of and admits to sexually molesting his five year old son over an approximately seven

month period. He said that these encounters first began in September of 1992. At that time his wife was working a 3 to 11 shift. Mr. Mullis was then responsible for caring for his son in the evening. He said that between the time his son returned from school and bedtime, there were many things to be done, including dinner, housework and chores. He said that to save time he and his son started taking baths together. Mr. Mullis needed to go to work at the 11 p.m. shift. During the bath time, he and his son would "fool around". He said that initially he had not intended to be sexual, and that the encounters started off being games. Many of the games they played in the bathtub involved using some of Travis's toys. The sexual pattern began when Mr. Mullis would assist Travis in washing his genitals. The patient said that he would grab one end of the washrag, and have his son grab the other end and rub it across the boy's genitals. While doing this, Mr. Mullis noticed that his son's penis became erect. This aroused Mr. Mullis and his penis also became erect.

Also in September, Mr. Mullis got into a habit of laying down with his son to help him go to sleep. He would lay with Travis for a few hours. Travis apparently came into Mr. Mullis' bed and would play around and not go to sleep. According to the patient, Travis told his father that his penis hurt and that he needed it rubbed. Mr. Mullis said he told the boy to get up and go into the bathroom, but the boy said that he did not want to do this. Mr. Mullis said that he became concerned and realized that these statements were not normal for a child of Travis's age. He said that his son kept insisting that he do something. Mr. Mullis said he told his son that he should rub his own penis. However, according to the patient, Travis insisted that his father kiss it. Mr. Mullis said he resisted this for a period of time. He felt uncomfortable doing so, and knew that it was not right. However, he eventually gave in and did kiss the boy's penis. He said that he knew that he should not do this. He got excited and aroused doing so, and admitted that he went too far. When pressed on this, Mr. Mullis said that he did perform oral sex on his son, and that while doing so he would masturbate himself until orgasm. He recalled that the oral sex encounters occurred on six to seven different occasions. Mr. Mullis said that he felt guilty about it and tried to fight it off, but was unable to do so. He said he wanted to tell someone, but could not. He reported that his son Travis promised him that he would not tell anyone, and that on several occasions he had asked Travis not to tell.

Mr. Mullis said that his son Travis was seeing a therapist, [REDACTED], for other reasons during this period of time. When asked what the reasons for the therapy were, Mr. Mullis reported that it was because Travis had been born with some medical problems and that he had initially been brought up in "poor surroundings". For the first ten and a half months of his life Travis lived with his natural mother and Mr. Mullis said that at that time his sister was not working, and that the two

lived in subsidized housing. Mr. and Mrs. Mullis apparently were concerned that Travis may have effects as a result of his initial upbringing and sent him to a therapist. The patient indicated that Travis had no symptoms, he seemed to be doing well in school and appeared to be well adjusted. He said they simply wanted to see whether Travis was okay as a result of his upbringing.

On April 1st of 1993, Mr. Mullis said that Travis told the therapist when he was leaving her office that he was having sex with his father. Apparently this therapist asked Mr. Mullis if this were true, and at that time the patient said no. The therapist then went on to have some sessions with Travis to verify what happened. Apparently, the boy told her details about the sexual encounters with his father. Mr. Mullis said that at that time he was having difficulty functioning because of his guilt and he eventually went to the therapist and told her what had happened. At that point she called Child Protective Services and then he was instructed to turn himself in to the police. Apparently the police came to Mr. Mullis's work to arrest him. He spent three days in jail until he could raise bail. Previous to this confession, Mr. Mullis said that he had hinted to his wife that things were going on, but was never really able to tell her. The patient said that once he turned himself in, he confessed the entire story to his wife. He said that initially she was shocked, but said she would support him. However, after he was arrested she stopped supporting him and has separated and threatened divorce. He said that he feels he has lost the support of most of his family and friends. Mr. Mullis said that he was indicted on these charges last week and that the case will be placed on the court docket.

In June, there was a hearing that allowed Mr. Mullis to visit with his son in supervised visitation two times per week. Apparently this was a temporary allowance, and Mr. Mullis said that there was a hearing coming up next week to see if this could continue. He said that he is able to visit with his son in the presence of his son's therapist, [REDACTED]. He said that this therapist has recommended that the visitation continue and Mr. Mullis is confident that it will. Mr. Mullis said that he has recently begun to see [REDACTED], a therapist in Harford County whom Mr. Mullis said is a specialist in sexual abuse. The patient also indicated that he would like to be in group therapy.

Mr. Mullis said that he does not know what led him to be sexual with his son. He said that he was very close to his son, and cared for him every night, and that there was a strong emotional bond. He said that the sexual feelings may have developed as a result. He denied that he had any previous sexual arousal to children, and felt that he was caught off guard. He also said that his wife was not getting aroused by him and that their sexual relationship had deteriorated. He found it very devastat-

ing not to have sex with his wife and did not want to seek out other partners. He admitted that he had seen a prostitute before he was married, but did not believe in cheating on his wife. He said that he felt very vulnerable and that there was a strong need for sex, and that perhaps this is where the barrier broke down. He did not, however, seem to be projecting blame. He told us that on many occasions he tried to control his behavior. He would tell his son no, and tell himself the same thing. However, he found it hard to stick to this because the sexual feelings were so strong.

Mr. Mullis said that prior to his confession he had made up his mind to stop. Mr. Mullis said that as a result of his actions he has lost his job and his wife and realizes that he may lose his freedom. He admitted that he sometimes thinks of killing himself, but denied that he had any plan or any intention of doing so. He is concerned that his wife will divorce him and said that he would like to heal the marriage. Additionally, Mr. Mullis said that he is afraid to go out of his house because he worries about what people will think of him. He said that he was mainly aroused to adult women. However, he said prior to his marriage he did not date a lot because he was infrequently attracted to the women, and that they were rarely attracted to him. Initially, Mr. Mullis said that he would not be aroused if shown pictures of naked children during plethysmography studies. However, later he indicated that it is possible that he may show arousal to children.

**MENTAL STATUS
EXAMINATION:**

The patient is a 41 year old male with brown hair and a mustache. He was casually dressed for the interview and wore glasses. He initially expressed a great deal of anxiety, stating that he did not know whether he could talk to a woman about these issues. Early in the interview he would not describe his sexual encounters with his son. Throughout the initial parts of the interview, Mr. Mullis constantly played with his hair and his face in an anxious manner. He later relaxed somewhat and was open to questioning, and appeared to be honest. His speech was generally normal in rate, rhythm and volume, but at times he would mumble and was asked to speak up and repeat his answers. He initially had difficulty maintaining eye contact and would stare in another direction. However, this improved as the patient relaxed. He was frequently evasive with his answers early in the interview, stating such things as I might have done this, or I suspect that I did this. When pressed, he was able to admit to the behaviors. He became much less evasive as the interview progressed. He appeared to have an intact memory and could recall both recent and remote events with the exception of some of his sexual history, which may be more related to his embarrassment. He did not appear to be thought disordered. His mood appeared anxious and depressed. His affect was generally flat. He admitted to having thoughts of suicide, but denied having any plan or any intent to do so. There was no evidence of hallucina-

tions, delusions, obsessions, or compulsions. He was alert and oriented times three, and his mini-mental was 30/30.

DIAGNOSES: Axis I Homosexual Pedophilia of the non-exclusive type
Adjustment Disorder with depressed and anxious mood *also dystonic* *EB*

Axis II None

Axis III History of hypertension, successfully treated with medications

FORMULATION AND
RECOMMENDATIONS:

Mr. Mullis has admitted to sexual interaction with his five year old adopted son over approximately a seven month period of time. These interactions included genital touch, and fellatio of the young boy. Mr. Mullis admits to sexual arousal while performing these sexual acts with his son. He said that during the time that he orally fellated his son he would masturbate to orgasm. Because of the admitted arousal and period of time Mr. Mullis was involved with his son, a tentative diagnosis of homosexual pedophilia has been given. The reported events matched the diagnostic criteria for such a diagnosis. However, we would recommend a penile plethysmography study to clarify the relative degree of arousal to prepubescent males. This is a test in which Mr. Mullis would observe, pictures of boys, girls, men and women while a strain gauge around his penis records the relative degree of erotic arousal present.

Mr. Mullis presents with no evidence of psychosis. There is no substance abuse history. Thus, these do not appear to have been contributory factors in his becoming sexually involved with his son. There was apparent marital discord during this period of time, particularly in relationship to sexuality. Mr. Mullis admitted to being devastated by his wife's lack of sexual interest in him, and certainly this may have been a contributing factor.

Additionally, the patient is quite depressed by these events. He has lost a job that was important to him and he is unclear about the status of his marriage. The patient admitted to having little support at the current time. Mr. Mullis is currently in treatment with [REDACTED] in Harford County. This appears to be a positive therapeutic relationship and we would recommend that it continue. However, in addition to this treatment, we would recommend that Mr. Mullis enter specialized sex offender group treatment in a facility such as ours to help him better develop insight into what led to this sexual abuse, as well as a means of providing support through these difficult times. Mr. Mullis was quite depressed about the possibility of his marriage ending,

and we would suggest that this become a therapeutic issue whereby Mr. Mullis address whether to approach his wife about the possibility of reconciliation and the need for couples counseling if this were mutually agreed upon. The above recommendations were discussed with Mr. Mullis and with his attorney, [REDACTED], and we are prepared to assist the patient in following up on the recommendations.

KATE THOMAS, M.S., R.N.
Associate Director

Fred Berlin

FRED S. BERLIN, M.D., Ph.D.
Associate Professor, The Johns Hopkins University,
School of Medicine
Founder, The Johns Hopkins Sexual Disorders Clinic
Director, National Institute for the Study,
Prevention and Treatment of Sexual Trauma

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Progress Report - Group

Dictated by Joseph Fuhrmaneck, MA, NCC, MCPC, PsA

Dated January 4, 2000

Patient: Gary Mullis

Patient reports general status is adequately stable, secondary to economic limitation. Patient denies experiencing inappropriate sexual urges/cognitions. By report he remains controlled behaviorally.

Patient currently continues position with [REDACTED], which he plans to terminate February 1, 2000. Gary plans to relocate with his wife in North Carolina, February 4, 2000. Patient's probationary status closes February 3, 2000.

Patient plans to continue supportive pastoral counseling with Ed Afeld once he has relocated. Patient will have this verified for our records. This is supported.

Patient was pleased to report that contact with spouse is going well. Gary and wife visited during the Thanksgiving, Christmas and New Year celebration. He plans to vacation with wife for a two-week period in the near future.

Patient is quite hopeful about his relocation and reuniting with wife. He is actively involved in evaluating various career/employment opportunities. This is supported.

Patient expressed concern for father who, at 77 years-of-age, is exhibiting difficulty with balance and general health. Patient remains in constant contact with father.

No other problems were presented. Recommend that patient be discharged with compliance, effective January 4, 2000.

Dictated but not read if not signed.

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NATIONAL INSTITUTE
FOR THE STUDY, PREVENTION AND TREATMENT OF SEXUAL TRAUMA

PROGRESS NOTES

PATIENT'S NAME: Gary Mullis

TODAY'S DATE: 12-28-99

FREQUENCY OF ATTENDANCE: QM
OFF WEEK? YES NO

START DATE: 08/10/93

EXCUSED?	YES	NO
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REASON:

NOTES: (Include as applicable: sexual behavior - appropriate and inappropriate, employment status, home situation, current stresses, complaints and resolutions, current legal concerns, other significant mental status observations, and a description of the patient's participation in group or individual therapy.):

The attending physician was available and continues to provide supervision for the patients on an ongoing basis.

THERAPIST: Joseph Fuhrmaneck, MA, NCC, LCPC, PsA

SIGNATURE :

JOSEPH FURMADECK

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Progress Note (Group)

Dictated by Joseph Fuhrmaneck, MA, NCC, LCPC, PsA

Dated November 16, 1999

Patient: Gary Mullis

Patient reports general status is adequately stable, secondary to limited contact with spouse, continued frustration with employment situation and limited economic resources. Patient denies experiencing inappropriate sexual urges/cognitions. By report he remains controlled behaviorally.

Patient continues position with [REDACTED], which is going fairly well. Gary continues to find limited peer support due to staffing irregularities and inconsistent administrative policies. Patient plans to terminate position with Mars Supermarket February 2000, at which point he will relocate with spouse to North Carolina.

Patient indicated that he declined the offer to transfer probation status to North Carolina as they required him to register in the Sex Offenders Bank for a 10-year duration. Patient will conclude Maryland probation contract February 3, 2000. This can be supported.

Patient expressed concern for father who recently relocated to North Carolina residing approximately 80 miles from Gary's spouse. The parent has family who reside in the community. Gary expressed concern for father, secondary to frail health and failing memory.

Patient finds it difficult to remain separate from spouse. However, he is looking for a way to normalize relationship by February of 2000.

Patient and wife will visit during the Thanksgiving and Christmas holiday season.

Patient plans to transfer treatment to a pastoral counselor with whom he has developed a relationship in Greensboro, North Carolina, February 2000. Recommend patient verify transfer of treatment for our records.

Recommend patient close treatment with center, effective January 4, 2000, as part of normal treatment process.

No other problems were presented. Will continue to follow case.

Dictated but not read if not signed.

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NATIONAL INSTITUTE
FOR THE STUDY, PREVENTION AND TREATMENT OF SEXUAL TRAUMA

PROGRESS NOTES

PATIENT'S NAME: Gary Mullis

TODAY'S DATE: 11-9-99FREQUENCY OF ATTENDANCE: ON
OFF WEEK? YES NO

START DATE: 08/10/93

EXCUSED? YES NOREASON: I have a consult

NOTES: (Include as applicable: sexual behavior - appropriate and inappropriate, employment status, home situation, current stresses, complaints and resolutions, current legal concerns, other significant mental status observations, and a description of the patient's participation in group or individual therapy.)

It is excused due
to illness. Jones
in 1 w.

PHONE CALL

FOR <u>Joe</u>	DATE <u>11-9-99</u>	TIME <u>AM</u>
M. <u>GARY mullis</u>		
OF		
PHONE	FAX	
MESSAGE <u>Does not feel well</u>		
<u>will attend group next</u>		
<input type="checkbox"/> TELEPHONED <input type="checkbox"/> RETURNED YOUR CALL <input type="checkbox"/> PLEASE CALL <input type="checkbox"/> WILL CALL AGAIN <input type="checkbox"/> CAME TO SEE YOU <input type="checkbox"/> WANTS TO SEE YOU		
SIGNED <u>[Signature]</u>	E. Adams 1154	

The attending physician was available and continues to provide supervision for the patients on an ongoing basis.

THERAPIST: Joseph Fuhrmaneck, MA, NCC, LCPC, PSA

SIGNATURE: Joseph Fuhrmaneck

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